

# IPA Estimated Cost Report - FY \_\_\_\_\_

## MARSHALL SPACE FLIGHT CENTER

**\*\*\* SENSITIVE INFORMATION - FOR INTERNAL MSFC USE ONLY \*\*\***

1. IPA Participant (Name):	3. Period of Performance:
2. Misc. ODN:	From: _____ To: _____

4. Accounting Code(s):					
	Cost Center	WBS	Fund	Amount	Misc. DCN
a.					
b.					
c.					
d.					
e.					
f.					

5. Negotiated Amount (\$ Amt. on IPA Agreement):	6. Total Funded Amount:	7. Extension:
8. Management Point of Contact:		
9. Funding Point of Contact:		

10. Comments:
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11. Breakdown of Total Costs:			
Item	Original Costs	Year 2	Total Cost
<b>Travel:</b>			
<b>Total Travel</b>			
<b>Other Direct Costs:</b>			
Salaries			
Fringe Benefits			
IDC			
<b>Total Other Direct Cost</b>			
<b>TOTAL FULL COST</b>			

**\*\*\* FOR FISCAL CONTROL DIVISION USE ONLY \*\*\***

12. Fund Certifications:
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